1 Control number	22222	OMB No. 1545-0008	ĺ	For Paperw	ork Reduc	tion Act Notic	e and instruc	tions, see Form V	V-3SS.
2 Employer's name, address, and	ZIP code		3	Employer'	s identifica	ation number	4 /////////////////////////////////////		
			5	Statutory employee	Pension plan	942 employee	Subtotal	Deferred compensation	Void
			6	(See Form	W-3SS ins	structions.)	7 "		
8 Employee's social security number 9 Samoa income tax withheld		10	Wages, tip	s, other co	mpensation	11 Socials	security tax withh	eld	
12a Employee's name (first, middl	e, last)		13	Social seci	urity wages	5	14 Socials	security tips	
			15	Medicare	wages and	tips	16 Medica	ere tax withheld	
			17	Employer'	s use		18 Benefit	ts included in Box	: 10
12b Employee's address and ZIP code				Copy 1—For American Samoa Treasurer					o Troopuri

Form W-2AS

American Samoa Wage and Tax Statement 1991

Department of the Treasury Internal Revenue Service

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1 Control number			Т					
	55555	OMB No. 1545-0008		For Paperwork Reducti	ion Act Notic	e and instructio	ns, see Form W	·3SS.
2 Employer's name, address,	and ZIP code		3	Employer's identificat	tion number	4		
			5	Statutory Pension employee plan	942 employee	Subtotal	Deferred compensation	Void
						Ш	Li	
			6	(See Form W-3SS inst	tructions.)	7 /////////////////////////////////////		
8 Employee's social security i	B Employee's social security number 9 Samoa income tax withheld		10	Wages, tips, other cor	npensation	11 Social sec	curity tax withhe	eld
12a Employee's name (first, r	middle, last)		13	Social security wages	14 Social security tips			
			15	Medicare wages and t	ips	16 Medicare	tax withheld	
			17	Employer's use		18 Benefits	ncluded in Box	10
12b Employee's address and ZIP code			Copy 1—For American Samoa Treasurer					

Form W-2AS

American Samoa Wage and Tax Statement 1991

Department of the Treasury Internal Revenue Service

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1 Control number									
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2 Employer's name, address, and	ZIP code		3	Employer's	s identifica	ition number	4 /////////////////////////////////////		
			5	Statutory employee	Pension plan	942 employee	Subtotal	Deferred compensation	Void
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8 Employee's social security num	ber 9 Samoa income tax withheld		10	Wages, tip	s, other co	mpensation	11 Socials	ecurity tax withhe	eld
12a Employee's name (first, midd	ile, last)		13	Social secu	urity wages	5	14 Socials	ecurity tips	
			15	Medicare v	wages and	tips	16 Medica	re tax withheld	
			17	Employer's	s use		18 Benefit	s included in Box	10
12b Employee's address and ZIP code				Co	ру 1—Г	or Americ	can Samo	a Treasurer	

1 Control number		For Official Use Only ▶							
	22222	OMB No. 1545-0008							
2 Employer's name, address, and	ZIP code		3	Employer'	s identifica	ition number	4 /////////////////////////////////////		
			5	Statutory employee	Pension plan	942 employee	Subtotal	Deferred compensation	Void
			6				7 /////////////////////////////////////		
8 Employee's social security num	ber 9 Samoa incon	ne tax withheld	10	Wages, tip	s, other co	mpensation	11 Socials	security tax withh	eld
12 Employee's name, address, ar	nd ZIP code		13	Social seci	urity wages	3	14 Social s	security tips	
			15	Medicare	wages and	tips	16 Medica	re tax withheld	
			17	Employer'	s use		18 Benefit	s included in Box	10
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Form W-2AS Am	nerican Sam	oa Wage and	Ta	x Stat	emen	t 1991		Department of th Internal Reven	e Treasury ue Service

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1 Control number		For Official Use Only ▶						
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2 Employer's name, address, and z	IP code	3	Employer's	ıdentificat	tion number	4 /////////////////////////////////////		
		5	Statutory F employee	Pension plan	942 employee	Subtotal	Deferred compensation	Void
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8 Employee's social security numb	er 9 Samoa incom	ne tax withheld 10	Wages, tips	, other cor	npensation	11 Social s	ecurity tax withh	eld
12 Employee's name, address, and	I ZIP code	13	Social secui	rity wages		14 Social s	ecurity tips	
		15	Medicare w	ages and t	ips	16 Medica	re tax withheld	
		17	Employer's	use		18 Benefit	s included in Box	10
			Сору	A—Fo	r Social S	ecurity Ac	Iministratio r	1

Form W-2AS

American Samoa Wage and Tax Statement 1991

Department of the Treasury Internal Revenue Service

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1 Control number	22222	For Official Use Only ►							
2 Employer's name, address, and a		OMB No. 1545-0008	3	Employer'	s identifica	tion number	4 /////////////////////////////////////		
			5	Statutory employee	Pension plan	942 employee	Subtotal	Deferred compensation	<i>V</i> oid □
			6				7 /////////////////////////////////////		
8 Employee's social security numb	er 9 Samoa incon	ne tax withheld	10	Wages, tip	s, other co	mpensation	11 Socials	security tax withh	eld
12 Employee's name, address, and	d ZIP code		13	Social seci	urity wages		14 Social s	security tips	
			15	Medicare	wages and	tips	16 Medica	re tax withheld	
			17	Employer'	s use		18 Benefit	s included in Box	10
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1 Control number		***	T				
1 Control number		OMB No. 1545-0008	This information is being furnished t	o Tax Dept., American Samoa Govt.			
2 Employer's name, address, and 2	IP code		3 Employer's identification number	4			
			5 Statutory Pension 942 employee plan employee	Deferred Subtotal compensation Void			
			6	7			
8 Employee's social security numb	9 Samoa income	tax withheld	10 Wages, tips, other compensation	11 Social security tax withheld			
12 Employee's name, address, and	ZIP code		13 Social security wages 14 Social security tips				
			15 Medicare wages and tips	16 Medicare tax withheld			
			17 Employer's use	18 Benefits included in Box 10			
			Copy B—To be filed with employ				
Form W-2AS Am	erican Samo	oa Wage and	Tax Statement 1991	Department of the Treasury Internal Revenue Service			
1 Control number		OMB No. 1545-0008	This information is being furnished t	to Tax Dept., American Samoa Govt.			
2 Employer's name, address, and 2	IP code		3 Employer's identification number	4			
			5 Statutory Pension 942 employee	Deferred Subtotal compensation Void			
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8 Employee's social security numb	er 9 Samoa income	e tax withheld	10 Wages, tips, other compensation	11 Social security tax withheld			
12 Employee's name, address, and	d ZIP code		13 Social security wages	14 Social security tips			
			15 Medicare wages and tips	16 Medicare tax withheld			
			17 Employer's use	18 Benefits included in Box 10			
			Copy B—To be filed with employ	 yee's American Samoa tax return			
Form W-2AS Am	erican Samo	oa Wage and	Tax Statement 1991	Department of the Treasury Internal Revenue Service			
1 Control number		OMB No. 1545-0008	This information is being furnished	to Tax Dept., American Samoa Govt.			
2 Employer's name, address, and	ZIP code		3 Employer's identification number	4			
			5 Statutory Pension 942 employee plan employee	Deferred Subtotal compensation Void			
			6	7			
8 Employee's social security numb	er 9 Samoa incom	e tax withheld	10 Wages, tips, other compensation	11 Social security tax withheld			

5 Statutory Pension 942 employee Subtotal compensation Void

6 7

8 Employee's social security number 9 Samoa income tax withheld

10 Wages, tips, other compensation 11 Social security tax withheld

12 Employee's name, address, and ZIP code

13 Social security wages 14 Social security tips

15 Medicare wages and tips 16 Medicare tax withheld

17 Employer's use 18 Benefits included in Box 10

Copy B—To be filed with employee's American Samoa tax return

1 Control number	OMB No. 1545-0008	This information is being furnished t	to Tax Dept., American Samoa Govt.
Employer's name, address, and Z	P code	3 Employer's identification number	4
		5 Statutory Pension 942 employee plan employee	Deferred Subtotal compensation Void
		6	7
Employee's social security numbe	9 Samoa income tax withheld	10 Wages, tips, other compensation	11 Social security tax withheld
2 Employee's name, address, and	ZIP code	13 Social security wages	14 Social security tips
		15 Medicare wages and tips	16 Medicare tax withheld
		17 Employer's use	18 Benefits included in Box 10
		Copy C—For EMPI	LOYEE'S RECORDS
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			mond notoned control
L Control number	OMB No. 1545-0008	This information is being furnished	to Tax Dept., American Samoa Govt.
Employer's name, address, and Z	IP code	3 Employer's identification number	4
		5 Statutory Pension 942 employee	Deferred Subtotal compensation Void
		6	7
Employee's social security number	9 Samoa income tax withheld	10 Wages, tips, other compensation	11 Social security tax withheld
2 Employee's name, address, and	ZIP code	13 Social security wages	14 Social security tips
		15 Medicare wages and tips	16 Medicare tax withheld
		17 Employer's use	18 Benefits included in Box 10
		Copy C—For EMP	LOYEE'S RECORDS
orm W-2AS Am	erican Samoa Wage and	Tax Statement 1991	Department of the Treasu Internal Revenue Service
1 Control number	OMB No. 1545-0008	This information is being furnished	to Tax Dept., American Samoa Govt.
Employer's name, address, and Z	IP code	3 Employer's identification number	4
		5 Statutory Pension 942 employee plan employee	Deferred Subtotal compensation Void
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	Copy C—For EM	Copy C—For EMPLOYEE'S RECORDS				
	17 Employer's use	18 Benefits included in Box 10				
	15 Medicare wages and tips	16 Medicare tax withheld				
12 Employee's name, address, and ZIP code	13 Social security wages	14 Social security tips				
8 Employee's social security number 9 Samoa income tax with	neld 10 Wages, tips, other compensation	on 11 Social security tax withheld				
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2 Employer's name, address, and ZIP code	3 Employer's identification numb 5 Statutory Pension 942	er 4				
1 Control number	. 1545-0008 This information is being furnish	ed to Tax Dept., American Samoa Govt.				

Notice to Employee

File Copy B of this form with your 1991 American Samoa income tax return. Please keep Copy C for your records. You can use it to prove your right to social security benefits. If your name, social security number, or address is incorrect, please correct Copies B and C and tell your employer.

Box 5.—If the "Pension plan" box is marked, special limits may apply to the amount of IRA contributions you may deduct on your return. If the "Deferred compensation" box is marked, then the elective deferrals shown in Box 6 (for all employers, and for all such plans to which you belong) are generally limited to \$7,979 (\$9,500 for certain section 403(b) contracts). Amounts over that must be included in income. Caution: The elective deferral dollar limitation of \$7,979 under section 402(g) is subject to change for 1991.

Box 18.—This amount has already been included as wages in Box 10. Do not add this amount to Box 10. If there is an amount in this box, you may be able to deduct expenses that are related to fringe benefits; see the instructions for your income tax return

Credit for Excess Social Security Tax.—If more than one employer paid you wages during 1991 and more than the maximum social security and Medicare employee tax was withheld, you can have the excess refunded by filing Form 843, Claim for Refund and Request for Abatement, with the IRS Service Center in Philadelphia. (If you must file Form 1040 with the United States, however, you should claim the excess credit on the Form 1040.)

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1 Control number		OMB No. 1545-0008		
2 Employer's name, address, and	4 71D code	UMB NO. 1343-0006	3 Employer's identification number	T a 11111111111111111111111111111111111
Ellipioyer S liame, audiess, and	. ZIF code		3 Employer Sidentification number	
			5 Statutory Pension 942 employee plan employee	Deferred Subtotal compensation Void
			6 (See Form W-3SS instructions.)	
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8 Employee's social security number 9 Samoa income tax withheld			10 Wages, tips, other compensation	11 Social security tax withheld
12 Employee's name, address, and ZIP code			13 Social security wages	14 Social security tips
			15 Medicare wages and tips	16 Medicare tax withheld
			17 Employer's use	18 Benefits included in Box 10
			Copy D—Fe	or Employer
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				Internal nevenue service
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			5 Statutory Pension 942 employee plan employee	Deferred Subtotal compensation Void
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8 Employee's social security num	Employee's social security number 9 Samoa income tax withheld		10 Wages, tips, other compensation	11 Social security tax withheld
12 Employee's name, address, a	nd ZIP code		13 Social security wages	14 Social security tips
			15 Medicare wages and tips	16 Medicare tax withheld
			17 Employer's use	18 Benefits included in Box 10
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1 Control number		OMB No. 1545-0008		
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			5 Statutory Pension 942 employee plan employee	Deferred Subtotal compensation Void
<u></u>			6 (See Form W-3SS instructions.)	7
3 Employee's social security number 9 Samoa income tax withheld		10 Wages, tips, other compensation	11 Social security tax withheld	
12 Employee's name, address, and ZIP code			13 Social security wages	14 Social security tips

15 Medicare wages and tips 16 Medicare tax withheld 17 Employer's use 18 Benefits included in Box 10 Copy D—For Employer

American Samoa Wage and Tax Statement 1991

Depar

Instructions for Preparing Form W-2AS **Note:** A minimum income tax of 2% must be withheld on wages and other compensation.

Prepare a Form W-2AS for each employee from whom Samoa income tax or U.S. social security and Medicare taxes were withheld or required to be withheld during 1991.

By January 31, 1992, give Copies B and C to each person who was your employee during 1991. For anyone who stopped working for you before the end of 1991, you may give copies any time after

within 30 days of the request or the final wage payment, whichever is later. Send Copy A along with Form W-3SS and Copy 1 to the American Samoa Tax Office by March 2, 1992. (For more information, please see Form 941SS and Circular SS or inquire at the Tax Office.) See the instructions for Form W-3SS for more information on how to complete Form W-2AS.

Form W-2AS, give him or her the completed copies

employment ends. If the employee asks for

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Samoa Tax Office by March 2, 1992. (For more

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